


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001308	
1. Entity Name SI INTERNATIONAL ENGINEERING, INC.	

FILED
04 APR 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4040 EAST BIJOU STREET ATTN: ACCOUNTS PAYABLE COLORADO SPRINGS, CO 80909	Mailing Address 4040 EAST BIJOU STREET ATTN: NEDRA ENGELSON COLORADO SPRINGS, CO 80909
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2. Principal Place of Business	3. Mailing Address 12012 Sunset Hills Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 800
City & State	City & State Reston, VA
Zip	Zip 20190
Country	Country USA



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 84-1074887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM C/O CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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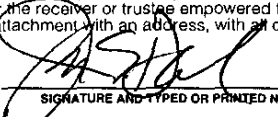
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO OLESON, RAY 12012 SUNSET HILLS RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900035822609 05/10/04--01081--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ANTLE, S. BRADFORD 12012 SUNSET HILLS RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL, JAMES E 12012 SUNSET HILLS RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECD DUNN, THOMAS E 12012 SUNSET HILLS RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  Secretary 4-26-04 703-234-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #